

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>010888</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>STERLING HOUSE OF RICHMOND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3700 SOUTH A ST</b> <b>RICHMOND, IN 47374</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00091188.</p> <p>Complaint IN00091188 substantiated, no deficiencies related to the allegations are cited.</p> <p>Survey dates: June 13, 14 &amp; 15, 2011</p> <p>Facility number: 010888 Provider number: 010888 Aim number: n/a</p> <p>Survey team: Leslie Parrett RN TC Angel Tomlinson RN (June 14 &amp; 15, 2011)</p> <p>Census bed type: Residential: 40 Total: 40</p> <p>Census payor type: Other: 40 Total: 40</p> <p>Residential sample: 10 Supplemental sample: 1</p> <p>Sterling House of Richmond was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of complaint IN00091188.</p> <p>Quality review completed 6/19/11 Cathy Emswiller RN</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 1